Attachment A-1 (Separate File)

SUMMER FOOD SERVICE PROGRAMELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES

PART 1 Child's Name:					
	Last		First	M.I.	
PART 2A - HOUSEH his part and sign the ood stamp case number: ANF identification number:	statement in Part 3	- DO NOT complet FDPIR identification	e Part 2	B.	BENEFITS: Complet
			mploto D	Part 9A compl	ete this part and sign
he statement in Part		5. 11 you ala not col	mpiete r	art &A, compi	lete tills part allu sign
NAMES		CURRENT	MONTHI	LY INCOME	
Names of Household Members (Participant, Spouse, Dependent Children)	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Pen	thly Payments from sions, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Monthly Income
1 2 3 4	\$ \$ \$	\$ \$ \$	\$ \$ \$		\$ \$ \$
5	\$ \$ \$	\$ \$ \$	\$		\$ \$ \$
Federal funds; that institution in the federal funds; that institution may subject me	on officials may verify the to prosecution under ap	e information on the stat plicable State and Federa	tement and al laws.	l that the deliberat	•
ignature of adult:		Social	l security	number:	
Printed name of adult:					
Date signed Home te	lephone Work telep	ohone Home addres	SS		Zip Code
PART 4 - RACIAL/E] White, not of Hispanic Origin	THNIC IDENTITY:				stion. American Indian or Alaska Nativ
Section 9 of the National School Lunder of the household member solumber of the household member solumber of a social security number of the statement does not have efforts to verify the correctness of ind may include contacting employetamps, FDPIR, or TANF benefits produced by the household member actions if incorrect information is rections.	igning the statement or an indicater is not mandatory, but if a socione, the statement cannot be approximation stated on the statements to determine income, contact, contacting the State employment to prove the amount of income	e participant's food stamp, FDF ation that the household memberial security number is not provide proved. The social security number. These verification efforts atting a food stamp, FDPIR, or cent security office to determine	PIR, or TAN or signing the ided or an incumber may be carried FANF office the amount of	F number is provided, statement does not post dication is not made the used to identify the he ed out through program to determine current cof benefits received and	ssess a social security number. at the adult household member busehold member in carrying out a reviews, audits, and investigation ertification for receipt of food I checking the documentation
The Summer Food Service Program color, national origin, sex, age, or a Alexandria, VA 22302.	disability, write immediately to:	Administrator, Food and Nutr	rition Service	e, U.S. Department of	
For Sponsor Use Only MONTHLY INCOME CON Fotal monthly income:	NVERSION: WEEKLY X		KS X 2.15	, TWICE A MON	
Determining official:		Signature:	-0-2-01		Date:

ELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES INSTRUCTIONS

Please complete the Summer Food Service Program Eligibility Form for Camps and Enrolled Sites using the instructions below.

Sign the form and return it to the sponsoring organization. Call the sponsor if you need help: #
PART 1 - PARTICIPANT'S INFORMATION: All HOUSEHOLDS COMPLETE THIS PART.
(1) Print the name of your own household's child.
PART 2A - HOUSEHOLDS GETTING FOOD STAMPS OR FOOD DISTRIBUTION PROGRAM ON INDIAN
RESERVATIONS (FDPIR) OR TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) BENEFITS: COMPLETE
THIS PART and PART 3.
(1) List your current food stamp case number or your FDPIR or TANF identification number for the participant. Do not complete
Part 2B.
(2) An adult household member must sign the statement in PART 3.
PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE THIS PART and PART 3.
(1) Write the names of everyone in your household.
(2) Write the amount of income received last month for each household member. This income is the amount before taxes or anything
else is taken out, <u>and</u> where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types
of income to report). If any amount <u>last month</u> was more or less than usual, write that person's usual income.
(3) An adult household member must sign and give his/her social security number in PART 3.
PART 2C - FOSTER CHILD: COMPLETE THIS PART and PART 3.
(1) Write the foster child's monthly "personal use" income. Write "0" is the foster child does not get "personal use" income.
(2) A foster parent or other official representing the child must sign the form.
PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.
(1) All eligibility forms must have the signature of an adult household member;
(2) The adult household member who signs the statement must include his/her social security number . If he/she does not
have a social security number, write "none" or something else to show that he/she does not have a social security number.
If you listed a food stamp, FDPIR or TANF identification number, a social security number is not needed.
PART 4 - RACIAL/ETHNIC IDENTITY: COMPLETE THE RACIAL/ETHNIC IDENTITY QUESTION IF YOU WISH. You
are not required to answer this question to get meal benefits. However, this information will help ensure that everyone is treated

INCOME TO REPORT

Earnings from Employment
Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned
business or farm

Welfare/Child Support/Alimony Public assistance payments Welfare payments Alimony/child support payments Pensions/Retirement/Social Security
Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social security

Other Income/Self-employment
Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/
investments
Regular contributions from
persons not living in the
household
Net royalties/annuities/
net rental income
Any other income

SUMMER FOOD SERVICE PROGRAMELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES

PART 1 Child's Name:					
Cmu s name.	Last	F	irst .	M.I.	
PART 2A - HOUSEH part and sign the state Food stamp case number:	ement in Part 3 - DO	NOT complete Par	t 2B.		-
PART 2B - ALL OTH	IER HOUSEHOLDS	: If you did not con	plete Part 2	A. comple	ete this part and sign
the statement in Part		J = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		,	
NAMES		CURRENT	MONTHLY INC	COME	
Names of Household Members (Participant, Spouse, Dependent Children)	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Pay Pensions, R Social S	Retirement,	Monthly Earnings from Job 2 or any Other Monthly Income
1	\$	\$	\$		\$
	t or that all income is repalled als may verify the informeto prosecution under app	orted. I understand that t ation on the statement an olicable State and Federal	his information d that the delib laws.	is being give erate misrep	rect and that the food stamp, en for the receipt of Federal resentation of the
Printed name of adult:			<u> </u>		
Date signed Home to	elephone Work telep	hone Home address	2		Zip Code
PART 4 - RACIAL/E				r this anes	·
[] White, not of Hispanic Origin	[] Black, not of Hispanic C	-		-	merican Indian or Alaska Native
social security number is not mandadoes not have one, the statement carectrectness of information stated or contacting employers to determine contacting the State employment set the amount of income received. The Summer Food Service Program color, national origin, sex, age, or Alexandria, VA 22302.	ne statement or an indication that atory, but if a social security nun mnot be approved. The social sen the statement. These verifications, contacting a food stamp curity office to determine the amnese efforts may result in a loss on for Children is an equal opport disability, write immediately to:	the household member signing other is not provided or an indicatority number may be used to it on efforts may be carried out the or FDPIR office to determine count of benefits received and char reduction of benefits, administrator, Food and Nutri	the statement does ation is not made the dentify the househor ough program reviurrent certification tecking the docume strative claims, or lead to Service, U.S.	not possess a sociat the adult houseld member in caliews, audits, and for receipt of for nation produced egal actions if in the been discrimed bepartment of A	cial security number. Provision of a ehold member signing the statement rrying out efforts to verify the investigations and may include od stamps or FDPIR benefits, by the household member to prove correct information is reported. inated against because of race, griculture, 3101 Park Center Drive,
For Sponsor Use Only MONTHLY INCOME CON Total monthly income: Determining official:	NVERSION: WEEKLY X	X 4.33, EVERY 2 WEEK size:	S X 2.15, TWI Eligible:	ICE A MON'	[] No FH X 2 OT Eligible: Date:

ELIGIBILITY FORM FOR CAMPS AND ENROLLED SITES INSTRUCTIONS

Please complete the Summer Food Service Program Eligibility Form for Camps and Enrolled Sites using the instructions below.
Sign the form and return it to the sponsoring organization. Call the sponsor if you need help: #
PART 1 - PARTICIPANT'S INFORMATION: All HOUSEHOLDS COMPLETE THIS PART.

(1) Print the name of your own household's child.

- (1) List your current food stamp case number or your FDPIR identification number for the participant. Do not complete Part 2B.
- (2) An adult household member must sign the statement in PART 3.

- (1) Write the names of everyone in your household.
- (2) Write the amount of income received last month for each household member. This income is the amount before taxes or anything else is taken out, <u>and</u> where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
- (3) An adult household member must sign and give his/her social security number in PART 3.

- (1) Write the foster child's monthly "personal use" income. Write "0" is the foster child does not get "personal use" income.
- (2) A foster parent or other official representing the child must sign the form.

PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) All eligibility forms must have the **signature** of an adult household member;
- (2) The adult household member who signs the statement must include his/her **social security number.** If he/she does not have a social security number, write "none" or something else to show that he/she does not have a social security number. If you listed a food stamp or FDPIR number, a social security number is not needed.

INCOME TO REPORT

Earnings from Employment
Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned
business or farm

Welfare/Child Support/Alimony
Public assistance payments
Welfare payments
Alimony/child support payments

Pensions/Retirement/Social Security
Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social security

Other Income/Self-employment
Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/
investments
Regular contributions from
persons not living in the
household
Net royalties/annuities/
net rental income
Any other income

City and a second	C'4- Nil
Site name:	Site Number
Site address:	
Site telephone number:	
Person to contact for use of site:	
Type of site (check appropriate type):	
Recreation centerSchoolChurchPlaygroundSettlement house	Park Residential camp Playstreet Other
Estimated number of children the site could serve:	
Estimated number of needy children in area:	
Estimated number of personnel needed to adequately of	control the food service:
Is another site needed in this area? Yes	No
Are the present facilities adequate for an organized me	eal service? Yes No
If answer is no, comments:	
For the estimated number of children does the site have	ve: Yes No
Shelter for inclement weather Adequate cooking facilities (if applicable) Adequate storage for prepared or delivered food Storage space for records at site	
Adequate refrigeration	
Access to a telephone	

service at sites which they directly operate.

FOOD SERVICE EQUIPMENT NEEDS				
Equipment	Number of Children			
	1 - 50	51 - 100	101 - 200	201 - 300
Range with ventilating hood	1 range with oven; 30" domestic or 30" - 36" commercial (2 burners)	1 range with oven 30" - 36" commercial	1 range with oven 30" - 36" commercial (2 if over 150 children) (6 burners)	2 ranges with ovens 30" - 36" commercial or 1 range w/oven 60" or larger commercial (8 burners)
Refrigerator with shelves	single section domestic 18 cu. ft. or commercial reach-in 20-25 cu. ft.	double section commercial reach-in 40-50 cu. ft.	double section commercial reach-in 50-60 cu. ft. or 64 sq. ft. (8 ft. x 8 ft.) walk-in	triple section commercial reach-in 60-75 cu. ft. or 64 sq. ft. (8 ft. x 8 ft.) walk-in
Freezer	same as refrigerator	same as refrigerator	same as refrigerator	same as refrigerator
Work Tables (Allow 4 linear ft./worker). Use countertops as tables	1 table	2 table	3 table	4 tables
Sink with separate handsink	1 sink - 3 compartments	1 sink - 3 compartments	1 sink - 3 compartments	1 sink - 3 compartments

If the site will serve over 100 children, the following equipment is recommended to supplement the minimum items listed above:

Steam equipment (kettle, steamer) Hot food holding cabinet

Convection oven

Electric food slicer

Mixer with attachments (vegetable slicer/shredder, meat and food chopper)

SPONSOR/SITE AGREEMENT FOR THE SUMMER FOOD SERVICE PROGRAM

Name	of site:	
Addre	ess of site:	
	upervisor/ istering official:	
Telephone:		
The p	erson named above agrees to:	
1.	Serve meals to all needy children 18 years of age and under (or persons 19 and over who are mentally or physically disabled and participating in a public or private nonprofit school program for the mentally or physically disabled).	
2.	Serve meals which meet the minimum meal pattern requirements.	
3.	Provide adequate supervision during the meal service.	
4.	Maintain and submit promptly such reports and records that the sponsor requires.	
5.	Report to the sponsor any changes in the number of meals required as attendance fluctuates.	
6.	Report any other problems regarding the meal services.	
7.	Comply with civil rights laws and regulations.	
8.	Attend sponsor training sessions.	
Site	e Supervisor/Administering Official Date Sponsor Date	

AGREEMENT TO FURNISH FOOD SERVICE FOR THE SUMMER FOOD SERVICE PROGRAM

THIS AGREEMENT is made and entered	into between (school) _	_
	and (sponsor	
WHEREAS the (school)	ice to (sponsor)	ees to supply unitized with and for
Breakfast \$ each Snacks \$ each	Lunch \$ Supper \$	each each
It is further agreed that (school) Summer Food Service Program regulation agreement, will assure that said meals mee components and portion sizes, and will ma (sponsor) will need containing the amount of food prepared and	et the minimum meal pat nintain full and accurate to meet its responsibility	tern requirements as to records that the y including menu records
These records must be reported to the (specific promptly at the end of the month. (School retain records required under the preceding receipt of final payment under this agreem upon request, to make all accounts and recrepresentatives of the U.S. Department of for audit or administrative review at a reason.)	agrees also to years from the date of lit is in progress); and rogram available to
This agreement shall be effective as of (da by notice in writing given by either party l date of termination.	te) hereto to the other, at le	It may be terminated ast 30 days prior to the
IN WITNESS WHEREOF, the parties her indicated below:	reto have executed this a	greement as of the dates
School Official	Sponsor	
Title Date	Title	Date
Location of food preparation center(s):		

	PLANNING CHECKLIST SUMMER FOOD SERVICE PROGRAM
Date completed	Action
1.	Meet with community leaders, if possible, or survey community for assistance in determining suitable site locations.
2.	Choose possible sites and compile written documentation supporting the eligibility of each site. This involves determining the method to be used to show need (such as area eligibility based on census tract or school district data, or the enrollment of each participating child).
3.	Choose method of meal preparation (self-preparation of meals or purchase of meals from a school food authority or a public or private food service management company).
4.	If meals will not be prepared by the sponsor, contact local schools and other possible vendors concerning vending meals for the Program.
5.	Contact recreation departments, schools, and local service organizations to coordinate recreation activities with planned food service at sites.
6.	Contact reliable site supervisors from previous year(s) to determine if they have an interest in continuing in the Program.
7.	Attend training workshops offered by administering agency personnel.
8.	Hire secretarial staff to assist the program director.
9.	Develop specifications for the invitation to bid (if applicable).
10.	Publicly advertise the bid, at least 14 days before bid openings (if applicable).
11.	Estimate potential Program reimbursement and develop budget and staffing plans for the Program.
12.	Solicit volunteer help at sites whenever possible.
13.	Hire an assistant program director, if necessary.
14.	Design forms, use the administering agency's sample forms, or the sample forms in the Reference Section of this handbook for all aspects of Program operations.

PLANNING CHECKLIST SUMMER FOOD SERVICE PROGRAM		
Date completed	Action	
15	Set up a filing system for those documents that must be maintained for at least 3 years.	
16	For camps, obtain data for each child to document eligibility for free or reduced price school meals. This also applies to sites where eligibility is based on the enrollment group served.	
17	Notify the health department of your intention to operate a food service program, giving a list of sites you plan to serve.	
18	Submit to the administering agency a copy of the notification letter to the health department as part of the application for participation.	
19	Conduct a pre-operational visit to all new or problem sites.	
20	Submit a complete application with accompanying documents to the administering agency. Include all attachments as requested by the administering agency.	
21	Use proper procedures to select a vendor (if applicable).	
22	Meet the vendor and develop delivery schedules (if applicable).	
23	Arrange for facilities, equipment, and food purchases at self-preparation sites (if applicable).	
24	Hire monitors and site supervisors.	
25	Hold training workshops for monitors and site supervisors.	
26	Announce the availability of the Program and the nondiscrimination policy through the local media.	
27	Finalize monitoring schedules and any emergency procedures.	
28	Arrange to have a nondiscrimination poster, either developed by USDA or approved by the administering agency, for each site.	

SFSP Federal Policies

Sponsors must understand and follow Federal requirements to successfully run the Summer Food Service Program (SFSP). Be sure to consult with your State agency if you need copies of, or have questions about any of the policies described in the following Program documents:

U.S. DEPARTMENT OF AGRICULTURE REGULATIONS

7 CFR 225	Summer Food Service Program
7 CFR 3015	Uniform Federal Assistance
7 CFR 3017	Governmentwide Debarment and Suspension (Nonprocurement)
7 CFR 3018	New Restrictions on Lobbying

OFFICE OF MANAGEMENT AND BUDGET CIRCULARS

OMB Circular A-87	Cost Principles for State and Local Governments
OMB Circular A-102	Uniform Requirements for Assistance to States and Local
(Attachment O)	Government Procurement Standards
OMB Circular A-110	Uniform Administrative Requirements for Grants and Other
	Agreements With Institutions of Higher Education, Hospitals, and
	Other Nonprofit Organizations
OMB Circular A-122	Cost Principles for Nonprofit Organizations
OMB Circular A-133	Audits of States, Local Governments, and Nonprofit Organizations

FOOD AND CONSUMER SERVICE INSTRUCTIONS

FCS Instruction 113-8	Civil Rights Compliance and Enforcement in the SFSP
FCS Instruction 765-5, rev. 1	Free and Reduced Price Eligibility
	Determinations for Foster and Institutionalized
	Children
FCS Instruction 770-3	Eligibility for Donated Foods to Camps in the
	SFSP
FCS Instruction 776-6, rev. 1	Tax-Exempt Status for SFSP Sites
FCS Instruction 781-10	SFSP Special Accounts
FCS Instruction 782-3, rev. 1	Residential Camp Participation in SFSP
FCS Instruction 782-4, rev. 2	Approval of Child Care Institutions for the SFSP
FCS Instruction 783-1, rev. 2	The Grains/Breads Requirement for the Food
	Based Menu Planning Alternatives in the Child
	Nutrition Programs
FCS Instruction 783-2, rev. 2	Meal Substitutions for Medical or Other Special
	Dietary Reasons
FCS Instruction 783-3, rev. 1	Family Style Meal Service in the SFSP
FCS Instruction 783-11, rev. 1	Juice Products—Child Nutrition Programs

Attachment G (Continued)

FCS Instruction 783-13, rev. 2	Variations in Meal Requirements for Religious
	Reasons: Jewish Schools, Institutions, and
	Sponsors
FCS Instruction 783-14, rev. 1	Variations in Meal Requirements for Religious
	Reasons: Seventh Day Adventist Schools and
	Institutions
FCS Instruction 786-6, rev. 1	Reimbursement for Recycled Milk and Other
	Meal Components
FCS Instruction 788-11, rev. 1	Eligibility and Responsibilities of Government
	Sponsors in the SFSP
FCS Instruction 788-12, rev. 1	Approval of Sponsors Under Investigation or
	Audit in the SFSP
FCS Instruction 788-13, rev. 1	Sub-sites in the SFSP
FCS Instruction 792-3	Health Inspection Contracts—ROAP States for
	the SFSP
FCS Instruction 794-5, rev. 1	Agreements With Entities Which Operate
	Interstate Schools and Facilities
FCS Instruction 796-4, rev. 4	Financial Management – SFSP for Children

SITE VISIT FORM				
NOTE: To be completed during first week of	operation.			
Site name: Site add	lress:			
Date of site visit: Monitor's arriva	ıl time: Departure time:			
Names of site personnel spoken with:				
List any problems that were noted during the vinitiated to eliminate the problems.				
Problems	Corrective actions			
Site supervisor's signature	Monitor's signature			

SITE REVIEW FORM (SELF-PREPARATION PROGRAMS) SUMMER FOOD SERVICE PROGRAM

Sponsor:			Site:			
Site contact:	Name			Title		
Site address:						
Telephone:				eview:		
Monitor's arrival time	:		Departure	time:		
Site supervisor:						
Regular site: Today's attendance: Type(s) of meals revie		,	Average of the control of a control of the contr		e:	
Day of visit	Breakfast	Snack	Lunch	Snack	Supper	
# meals prepared						
# meals/milk from pervious day						
Time meals were served						
# first meals served to children						
# second meals served to children						
# meals served to Program adults						
# meals served to non-Program adults						
# meals leftover						
Food	v j	llowable rvings	Number of services		ort/over	

YES	NO	EXPLAIN ANY "NO" ANSWERS BELOW
		1. Are meals served as a unit?
		2. Do meals meet the menu as planned?
		3. Do meals meet meal pattern requirements?
		4. Are meals served during assigned meal times?
		5. Are all meals served and consumed onsite?
		6. Are meals planned and prepared with one meal per child in mind?
		7. Are meals served as second meals excessive?
		8. Are accurate counts taken of meals served?
		9. Does site have a place to serve children meals in case of inclement weather?
		10. Is required health department certification available for inspection?
		11. Is an inventory record being kept?
		12. Are receiving reports and purchase invoices kept?
		13. Does staffing pattern correspond to that listed on approved site application sheet?
		14. Has site supervisor attended training session?
		15. Are records of adult meals being kept?
		16. Is there documentation of children's income eligibility, if applicable?
		17. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?
		18. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?
		19. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?
		20. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate translations?
EXPLAN	NATIONS	:

MAJOR VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1. Adult meals included in count of meals served to children.		
2. Offsite consumption (children).		
3. More than one meal served at one time to children.		
4. Meal pattern not met (specify).		
5. Meals not served as a unit.		
6. Meal serving times not met.		
CHECK IF THE FOLLOWING APPLY (Explain any checked items)	EXPLANATIO	N
7. No records		
8. Incomplete records		
9. Poor sanitation		
10. Other		
Corrective action discussed with (name and title):		
Corrective action taken:		
Site supervisor's comments:		
•		
Further action needed by (date):		
I certify that the above information is correct:		
Monitor's signature Date	Site supervisor's signature	Date
Sponsor representative's signature Date		

SITE REVIEW FORM (VENDED PROGRAMS) SUMMER FOOD SERVICE PROGRAM

NOTE: To be completed during first four weeks of operations.							
Sponsor:	Site:						
Site contact: Nar		Title					
Site address:							
Telephone:		Date					
Monitor's arrival time: _		Depa	arture time: _				
Site supervisor:							
Regular site:	Camp site:	A					
Today's attendance:	approved meal		licable) :				
Type(s) of meals reviewed:							
Approved level(s) of meal service	Breakfast	Snack	Lunch		Supper		
Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Supper		
# meals delivered							
# meals/milk from previous day							
Time meals delivered							
Time meals served							
# first meals served to children							
# second meals served to children							
# meals served to Program adults							
# meals served to non-Program adults							
# meals leftover							

YES	NO	EXPLAIN ANY "NO" ANSWERS BELOW
		1. Does the staffing pattern correspond to that listed on the approved site sheet?
		2. Has the site supervisor attended training session?
		3. Does the site have sufficient food service supervision?
		4. Are meals counted/checked before signing delivery receipt?
		5. Are accurate meal counts taken of meals served?
		6. Are meals served as second meals excessive?
		7. Are records of adult meals being kept?
		8. Do meals meet approved menu?
		9. Do meals meet meal pattern requirements?
		10. Are meals checked for quality?
		11. Is there proper sanitation/storage?
		12. Is the site supervisor following procedures established to make meal order adjustments?
		13. Are meals served within appropriate time frames?
		14. Are all meals served and consumed onsite?
		15. Does site have a place to serve children meals in case of inclement weather?
		16. Is each meal served as a unit?
		17. Is the meal delivery schedule followed?
		18. Are there provisions for storing or returning excess meals?
		19. Is there documentation of children's income eligibility, if applicable?
		20. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?
		21. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?
		22. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?
		23. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate translations?
	NATIONS	c.

MAJOR VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1. Adult meals included in count of meals served to children.		
2. Offsite consumption (children).		
3. More than one meal served at one time to children.		
4. Meal pattern not met (specify).		
5. Meals not served as a unit.		
6. Meal serving times not met.		
CHECK IF THE FOLLOWING APPLY (Explain any checked items)	KPLANATION	
7. No records		
8. Incomplete records		
9. Poor sanitation		
10. Other		
Corrective action discussed with (name and title):		
Corrective action taken:		
Site supervisor's comments:		
-		
		_
Further action needed by (date):		
I certify that the above information is correct:		
Monitor's signature Date	Site supervisor's signal	ture Date
Sponsor representative's signature Date		

BENEFICIARY DATA FORM	I
Sponsor:	
Address:	
Site supervisor:	
Racial/Ethnic Category	Number of Participating Children
Alaskan Native or Native American (A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition [includes Aleuts and Eskimos]).	
Asian or Pacific Islander (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa).	
Black (not of Hispanic origin) (A person having origins in the black racial groups of Africa).	
Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race).	
White (not of Hispanic origin) (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East).	
Monitor's signature	Date

SUMMER FOOD SERVICE PROGRAM WORKSHEET FOR CAMP SPONSORS

	Session 1	Session 2	Session 3	Session 4
Beginning Date				
Ending Date				
Total # Days Food Served/Session				

Session Number	Number of Chil	Number of Children Enrolled		Number of Adults Receiving Meals		
	(A)	(B)	(C)	(D)		
	Total Children	Needy Children	Program Adults	Non-Program Adults		
1.						
2.						
3.						
4.						
Total						

		Calculation to	Determine M	Calculation	to Determine	Cost Allocati	on Factor		
Session Number	(E) % Needy Children (Round to 4 Decimals) (B ÷ A)	(F) Total Meals Served to All Children for Each	(G) Total Meals Served to All Adults for Each	(H) Total Meals Served to All Children and Adults	(I) Total Children's Meals Eligible for Each Session	(J) Needy Children and Program Adults	(K) All Children and Adults (A+ C+ D)	(L) (J ÷ K) (Round to 4 Decimal Places)	(M) (L x H) (Round to 4 Decimal Places)
1. 2. 3. 4. Total	(3 * 12)	Session	Session	(F + G)	(E x F)	(B + C)			

	÷ =	=	÷	=	=
Total in (I)	Total in (F)	(N) Meal Allocation Factor	Total in (M)	Total in (H)	(O) Cost Allocation Factor
		(Round to 4 Decimals)			(Round to 4 Decimals)

	Calcul	ation (of Meals Serv	ed		Calculation of Program Costs							
	(P)				(Q)		(R)				(S)		
Meal	Total		Meal		Reimbursable	Cost	Actual		Cost		Reimbursable		
Type	Meals		Allocation		Meals Served	Item	Costs		Allocation		Program Costs		
	Served to		Factor		(Round to				Factor		(Round to		
	All		(From N		Nearest				(From O		Nearest Whole		
	Children	X	Above)	=	Whole			X	Above)	=	Number)		
					Number)								
Break-													
fast		X		=		Food		X		=			
Lunch		X		=		Labor		X		=			
Supper		X		=		Other		X		=			
Supple-													
ment		X		=		Other		X		Ш			
Total		X		=		Total		X		=			

Signature of Spansor Representative	Data

SUMMER FOOD SERVICE PROGRAM WORKSHET FOR CAMP SPONSORS INSTRUCTIONS AND EXAMPLE

- A. List total children including eligible and noneligible children for each session.
- B. List Needy Children which include only eligible children -- those that meet the income poverty guidelines and must have an approved eligibility form on file for each session.
- C. List Program Adults which are those adults who work for SFSP under the Sponsor according to SFSP regulations and are involved in the preparation, serving and/or supervision of food service for each session.
- D. List Nonprogram Adults which include those adults who are not involved in the preparation, serving or supervision of food service or are parents, visitors, etc. for each session.
- E. Divide Needy Children (B) by Total Children (A) $35 \div 68 = .5147058$ (Round to four decimal places) = .5147
- F. List total meals served to both eligible and noneligible children in each session.
- G. List total meals served for program adults and nonprogram adults.
- H. Add Total Meals Served to All Children for Each Session (F), PLUS, the Total Meals Served to All Adults for Each Session (G). 5,695+656=6,351
- I. In order to calculate the total number of eligible meals for each session, multiply % of Needy Children (E) by Total Meals Served to all Children (F). $.5147 \times 5,695 = 2,931$
- J. Add Needy Children (B) -- those who have an approved eligibility form on file, PLUS, Program Adults (C) -- those who have been trained by the Sponsor on SFSP regulations. 35 + 8 = 43
- K. Add Total Children and all Program and Nonprogram Adults for each session $(A+C+D=all\ children\ and\ adults)$. 68+8+0=76
- L. Divide Needy Children & Program Adults (J) by All Children & Adults (K). $43 \div 76 = .5657894$ (round to the fourth digit) = .5658

Attachment L-2 (Continued)

M. Multiply (L) by (H) Total Meals Served to All Children and Adults. $.5658 \times 6,351 = 3,593$

N. Divide (I) Total Children's Meals Eligible by (F) Total Meals Served to All Children to equal (N) Meal Allocation Factor.

```
2,931 \div 5,695 = .514661984 (round to four decimals) = .5147
```

O. Divide (M) by (H) Total Meals Served to All Children & Adults to equal (O) Cost Allocation Factor.

```
3,593 \div 6,351 = .565737679 (round to four decimals) = .5657
```

P. Record total allowable meals served to all children (eligible and noneligible) according to MEAL TYPE:

Breakfast 1,428 Lunch 1,434 Snack 1,404 Dinner 1,429 Total 5,695

Q. Multiply (P) Total Allowable Meals Served to All Children by (N) Meal Allocation Factor which equals (Q) Reimbursable Meals Served.

```
\begin{array}{rcl} 1,428 \text{ x } .5147 = & 735 \\ 1,434 \text{ x } .5147 = & 738 \\ 1,404 \text{ x } .5147 = & 723 \\ 1,429 \text{ x } .5147 = & 736 \\ \text{Total} & 5,695 & 2,932 \\ \end{array}
```

R. Record actual costs for each cost item.

Food Cost (Actual –see receipts) \$32,784 Labor Costs (Actual – see time cards or time documented) \$2,520 Other (none)

S. Multiply (R) Actual Costs for each Item by (O) Cost Allocation Factor which equals (S) Reimbursable Program Costs.

Food \$32,784 x .5657 (allocation factor from O) = \$18,546 Labor \$ 2,520 x .5657 (allocation factor from O) = \$1,426 Total \$35,304 = \$19,972 (S) Reimbursable Program Costs

SUMMER FOOD SERVICE PROGRAM WORKSHEET FOR CAMP SPONSORS EXAMPLE

	Session 1	Session 2	Session 3	Session 4
Beginning Date	5/5/97			
Ending Date	5/25/97			
Total # Days Food Served/Session	22			

Session Number	Number of Chi	ldren Enrolled	Number of Adult	s Receiving Meals
	(A)	(B)	(C)	(D)
	Total Children	Needy Children	Program Adults	Non-Program Adults
1.	68	35	8	0
2.				
3.				
4.				
Total	68	35	8	0

	(Calculation to I	Determine Mo	Calculation to Determine Cost Allocation Factor						
	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	
Session	% Needy	Total Meals	Total	Total Meals	Total	Needy	All	$(J \div K)$	(L x H)	
Number	Children	Served to	Meals	Served to	Children's	Children	Children	(Round	(Round	
	(Round	All	Served to	All	Meals Eligible	and	and Adults	to 4	to 4	
	to 4	Children	All Adults	Children	for Each	Program	(A+C+D)	Decimal	Decimal	
	Decimals)	for Each	for Each	and Adults	Session	Adults		Places)	Places)	
	$(B \div A)$	Session	Session	(F + G)	(E x F)	(B + C)				
1.	.5147	5,695	656	6,351	2,931	43	76	.5658	3,593	
2.										
3.										
4.										
Total	.5147	5,695	656	6,351	2,931	43	76	.5658	3,593	

2,931 ÷ 5,695 = .5147 3,593 6,351 =.5657

Total in (I) Total in (F) (N) Meal Allocation Factor (Round to 4 Decimals)

Total in (M) Total in (H) (O) Cost Allocation Factor (Round to 4 Decimals)

	Calcu	lation	of Meals Ser	ved			Ca	alcula	tion of Progran	ı Cost	s
	(P)				(Q)		(R)				(S)
Meal	Total		Meal		Reimbursable	Cost	Actual		Cost		Reimbursable
Type	Meals		Allocation		Meals Served	Item	Costs		Allocation		Program Costs
	Served to		Factor		(Round to				Factor		(Round to
	All Children		(From N		Nearest Whole				(From O		Nearest Whole
		X	Above)	=	Number)			х	Above)	=	Number)
Break-											
fast	1,428	х	.5147	=	735	Food	32,784	х	.5657	=	18,546
Lunch	1,434	X	.5147	=	738	Labor	2,520	X	.5657	=	1,426
Supper	1,404	X	.5147	=	723	Other		X		=	
Supple-											
ment	1,429	X	.5147	=	736	Other		X		=	
Total	5,695				2,932	Total	35,304				19,972

Date

Meal Count Sheet

	Date																					
	Meals	В	L	S	В	L	S	В	L	S	В	L	S	В	L	S	В	L	S	В	L	S
Camper Name	Code																					
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						
10.																						
11.																						
12.																						
13.																						
14.																						
15.																						
Total Eligible Meals:		Ineli	gible	Mea	ıls: _				To	otal F	Progr	am A	Adult	Mea	ls: _							
Total Non-Program AdultMeals:																						

Consolidation Form of First (1st) and Second (2nd) Meals Served Claim Period ______ - ____

Site	Brea	kfast	Lu	nch	Sna	Snack		per
	1 st Meal	2 nd Meal						
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
TOTAL								

Meal Type	(A) Total 1 st Meals Served	(B) Total 2 nd Meals Served	(C) 2 nd Meal Limitation (.02 x A)	(D) Allowable 2 nd Meals - Lesser of (B) or (C)	(E) Allowable Total Meals (A) + (D)
Breakfast					
Lunch					
Snack					
Supper					

POTENTIAL REIMBURSEMENT WORKSHEET SUMMER FOOD SERVICE PROGRAM Sponsor: ___ Number Rates _____ x ____ = \$____ Maximum potential a. Year-to-date* breakfasts _____x ____ = \$____ b. Year-to-date lunches operating _____x ____ = \$____ reimbursement based c. Year-to-date suppers on meals times rates d. Year-to-date snacks _____ x ____ = \$____ e. TOTAL (lines a + b + c + d) Camps: Enter allowable meals from Worksheet for Camp Sponsors-Section (Q) Actual operating costs a. Year-to-date food costs b. Year-to-date labor costs c. Year-to-date other costs d. TOTAL (lines a+b+c) Camps: Enter allowable operating costs from Worksheet for Camp Sponsors-Section (S) Potential operating Lesser of lines 1e or 2d cost reimbursement Maximum potential a. Year-to-date breakfasts _____ x ____ = \$____ administrative b. Year-to-date lunches _____ x ____ = \$____ _____x ____ = \$____ reimbursement based c. Year-to-date suppers d. Year-to-date snacks _____ x ____ = \$____ on meals times rates e. TOTAL (lines a + b + c + d) Actual administrative Year-to-date actual administrative costs costs Administrative costs Administrative budget including any amendments determined by budget approved by State administering agency 7. Potential Lesser of lines 4e, 5 or 6 administrative reimbursement

^{*} Year-to-date: The number of meals or amount of costs calculated from the start of the Program to the last day of the month for which computation is being done.

	POTENTIAL REIMBURSEMENT WORKSHEET SUMMER FOOD SERVICE PROGRAM						
8.	Total potential food service reimbursement	Lines 3 + 7	\$				
9.	Total net food service cost	 a. Total actual operating cost (line 2d) b. Total actual administrative cost (line 5) c. Total actual Program cost (lines a+ b) d. Funds accruing to food program (year-to-date) e. Net food service program cost (lines c-d) 	\$ \$ \$ \$				
10.	Potential year-to-date reimbursement	Lesser of lines 8 or 9e	\$				
11.	Previous year-to-date payments	 a. All year-to-date advance payments b. All startup payments c. All year-to-date reimbursement payments d. Total previous year-to-date payments 	\$ \$ \$				
12.	Potential amount of reimbursement to expect for the month	a. Line 10b. Line 11dc. Amount of check to expect for month (lines a-b)	\$ \$				

					DA	AILY I	MEAL	COUN'	T FOR	M	
Site	Site Site Number: Meal Day										
Addr	Address							Telep	phone		
Supe	rvisor					Del	ivery	time		Date	
Total	meals	receiv	ed/pre	epared	leftov	er fro	m pre	vious d	ay		
Total	milks	leftove	er fron	n prev	ious d	ay					
First	meals	served	to ch	ildren	(add a	dditio	nal nu	ımbers,	if nece	essary)	
1	11	21	31	41	51	61	71	81	91		
2	12	22	32	42	52	62	72	82	92		
3	13	23	33	43	53	63	73	83	93		
4	14	24	34	44	54	64	74	84	94		
5	15	25	35	45	55	65	75	85	95		
6	16	26	36	46	56	66	76	86	96		
7	17	27	37	47	57	67	77	87	97		
8	18	28	38	48	58	68	78	88	98		
9	19	29	39	49	59	69	79	89	99		
10	20	30	40	50	60	70	80	90	100		
										Total first meals +	
Seco	nd mea	ls serv	ed to	childre	en						
1	2	3	4	5	6	7	8	9	10		
										Total second meals +	
Meal	s serve	d to P	rograr	n adult	S						
1	2	3	4	5	6	7	8	9	10		
								Т	otal P	rogram adult meals +	
Meal	s serve	d to no	on-Pro	ogram	(payin	g) adu	lts				
1	2	3	4	5	6	7	8	9	10		
								Total	non-P	rogram adult meals +	
										Total meals served =	
Total leftover milks: / Total damaged/incomplete meals +											
									,	Total leftover meals +	
		By s	signin	g belo	w, I ce	ertify t	hat th	ne above	e infor	mation is true and accurat	e:
					Signatu	ıre				Date	
				,	ngnatu	11 C				Date	

	INVENTORY CONT	TROL SHEET		
Name of site/sponsor:	Onsite:	Centr	ral kitchen:	
Beginning inventory:				
1. Food item	2. Purchase unit size & description (case, bag, can, lb.)	3. # of units on hand	4. Unit cost	5. Total cost
		Endin	g inventory	\$

Attachment Q-2

INVENTORY CONTROL SHEET INSTRUCTIONS

The value of the beginning inventory is determined by taking a physical count before the food service operation begins. The value of the beginning inventory thereafter is the same as the ending inventory for the previous month.

A complete physical inventory of all purchased foods, commodities, and supplies on hand must be taken at the end of the reporting period.

For ease in taking a physical count of foods in storage, arrange the items according to food groups in the storage area and arrange each group in alphabetical order, for example, canned fruits and fruit juices - apples, apricots, etc. Store food in cases, boxes, or other containers marked with the date received and cost per unit to facilitate the taking of inventories.

- Column l. Enter the name of the food item, such as corn, green beans, or mayonnaise.
- Column 2. Enter the size pack, such as, 6/#10 case, #50 bag, or #10 can. If different size containers of the same food item are on hand, use a separate line for each size and a separate line for each different unit cost of the same size pack.
- Column 3. Enter the number of units (of the size shown in column 2) found on hand from actual count.
- Column 4. Enter the unit cost for the size unit shown in column 2 (use the unit cost written on package or unit). Use invoices to determine the unit cost per item and total food purchases for the reporting period.
- Column 5. Obtain the total cost by multiplying the number of units (column 3) by the unit cost (column 4) and enter in column 5. Add column 5 (total cost) on all pages for the inventory at the end of the month. This total is the value of the ending inventory.

This is a permanent source document and must be retained for a period of 3 years following the date of submission of the final claim for reimbursement for the fiscal year.

WORKSHEET FOR COST OF FOOD USED

1.	Site
2.	Month/year
3.	Cost of food used: A. Beginning inventory B. Inventory adjustment (+ or -) C. Purchases (including milk) D. Total food available E. Less ending inventory F. Total cost of food used
	Instructions
1.	Enter name of site.
2.	Enter month and year.
3.	A. Enter dollar value of beginning inventory.
	B. Enter amount of adjustment (plus or minus) for any transfer, spoilage, pilferage, etc. (explain any adjustment on the back of this form).
	C. Enter the dollar value of all food purchases made during the month. This should equal food expenditures.
	D. Enter the total of A + C (+ or -) B.
	E. Enter dollar value of ending inventory.
	F. Enter the total of D - E (total cost of food used).

PERSONNEL TIME REPORT										
	Site name: Site Number:									
Site address:										
]	Hour	s Wa	rked	in F	ood S	ervice		
Name				Hour er Da				Total Hours Weekly	Hourly Wage	Total Claimable
	S	M	Т	W	Т	F	S			
I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.										

SUM	MARY OF ADMINISTRATIVE EXPENSES	
-		
3. Position (a)	# of People Salary # of hours Total in that per spent on food (e) position hour service (b) (c) (d)	
	x \$x = \$	
 Salaries (line 3f) Transportation Communication Rental of office space Office supplies Utilities Use allowance of furniture and fixtures 	(f) Total salaries paid \$	
11. Audit fees12. Legal fees13. Office building maintenance14. Other (specify)	\$	
15. TOTAL	\$	

Attachment T-2

SUMMARY OF ADMINISTRATIVE EXPENSES INSTRUCTIONS

Item number

- 1. Enter the name of the sponsor.
- 2. Enter the time period (month and year) covered by the form.
- 3. Enter:
 - a. the position,
 - b. the number of people working in that position,
 - c. the hourly salary rate they receive,
 - d. the number of hours they spend working with food service,
 - e. the total dollar amount spent on salaries for that position (b x c x d), and
 - f. add the total dollar amount spent on salaries for all positions.
- 4. Enter the total dollar amount spent on salaries during the month (line 3f).
- 5. Enter the total dollar amount spent on transportation during the month.
- 6. Enter the total dollar amount spent on communication during the month.
- 7. Enter the total dollar amount spent on the rental of office space during the month.
- 8. Enter the total dollar amount spent on office supplies during the month.
- 9. Enter the total dollar amount spent on utilities during the month.
- 10. Enter the total dollar amount spent on use allowance of furniture and fixtures.
- 11. Enter total dollar amount spent on audit fees.
- 12. Enter total dollar amount spent on legal fees.
- 13. Enter total dollar amount spent on office building maintenance.
- 14. Enter the total dollar amount spent on miscellaneous administrative supplies or services during the month that do not fall under any of the categories mentioned above.
- 15. Add items 4 through 14 and enter the total administrative expenses for the month.

Be sure you collect and keep the receipts for all of the administrative expenses (i.e., canceled checks, gasoline receipts, receipts for printing).

ADMINISTRATIVE MILEAGE RECORD Name of Employee Odometer Reading Stop Odometer Reading Start Number Date Itinerary of Miles

CHECKLIST OF RECORDS

1.	Records that document eligibility for the Summer Food Service Program:
	Approved agreement
	Application
	Site Information Sheet for each site
	Evidence to show eligibility for each site based on serving needy children (or in the case of camps and enrolled sites, evidence to show that children are individually documented as being eligible for free or reduced price school meals)
	Public release
	Letter from IRS showing tax-exempt status (for private nonprofit sponsors)
	Pre-operational site visit forms
	Sponsor/site agreements
	Documentation of training
	Letter of engagement of CPA firm or independent accountant, or State or local government accountant and management letter (if applicable)
	Letter to health department
2.	Records that support the number of meals served to children: Daily count of milks delivered
	Daily count of milks leftover
	Daily count of meals prepared or received at sites
	Daily count of complete first meals served to children
	Daily count of complete second meals served to children
	Daily count of meals served to Program and non-Program adults
	Daily count of disallowed meals
	Daily count of excess meals
3.	Records that support food service costs:
	Food inventories
	Delivery receipts for vended meals
	Payroll and time-and-attendance records for site personnel
	Purchase invoices

$Attachment\ V\ (Continued)$

1.	Records that support administrative costs:
	Payroll and daily time-and-attendance records for administrative personnel Rental agreements for office equipment or space Mileage records
õ.	Records to support funds accruing to the Program:
	Site records of cash collected Copies of receipts given for cash donations
	Records of any other funds received for the Summer Food Service Program
3.	Other records:
	Agreement with schools to furnish meals
	Contract with food service management company
	Bid procedures used
	Records and inventories of USDA-donated foods
	 Monitor's reports of site visits and reviews Records of training conducted
	Menu records
	Receipts, invoices, and bills for all rented or purchased items and services
	Bank statements and deposit slips
	Accounting ledgers
	Sanitation and health reports
	Certification of Independent Price Determination (FSMC contracts)
	Beneficiary Data Form

Glossary of Acronyms

AFDC Aid to Families with Dependent Children CACFP Child and Adult Care Food Program

FDPIR Food Distribution Program on Indian Reservations

FNS Food and Nutrition Services

IFB Invitation for Bid

NSLP National School Lunch Program NYSP National Youth Sports Program

OVS Offer Versus Serve

RCCI Residential Child Care Institutions
SBA Small Business Administration
SBP School Breakfast Program
SFSP Summer Food Service Program

SMP Special Milk Program

TANF Temporary Assistance to Needy Families USDA United States Department of Agriculture

YMCA Young Men Christian Association YWCA Young Women Christian Association